

Registered pharmacy inspection report

Pharmacy Name: Burghfield Pharmacy, Auclum Green, Reading Road, Burghfield Common, READING, Berkshire, RG7 3YJ

Pharmacy reference: 1028994

Type of pharmacy: Community

Date of inspection: 15/08/2019

Pharmacy context

A pharmacy located adjacent to a doctor's surgery in Burghfield Common. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy provides a seasonal flu vaccination service, Medicine Use Reviews (MURs), New Medicine Service (NMS) and a local delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The fridge temperatures are not routinely recorded and when they are, they are often out of range.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy manages most risks well. It keeps the records it needs to and the pharmacy's team members understand how to protect vulnerable people and people's personal information. However, while the pharmacy records its mistakes it doesn't review these regularly. So it might miss opportunities to spot patterns and trends and so reduce the chances of the same mistakes happening again.

Inspector's evidence

Near misses are recorded in a near miss log held in a file in the dispensary. However, not much detail was recorded with each entry to explain why the incident had occurred and the following action which was taken. Errors that leave the pharmacy were also reported electronically and entered on the NHS National Reporting and Learning Service (NRLS) website. However, there wasn't a formal review process in the pharmacy where the team would look at all the incidents and find areas where they could improve.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in a dedicated area at the back of the pharmacy to reduce distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and had last been updated in 2016. The team had signed the SOPs, but one dispenser had not yet signed them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of March 2020.

There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual CPPQ survey and the results of the latest one were seen to be very positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 10mg tablets was checked for record accuracy and seen to be correct. The controlled drug running balance was checked regularly by the pharmacist. The responsible pharmacist record was maintained appropriately, and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were not always recorded every day and had regularly been recorded out of the 2 to 8 degrees Celsius range since the beginning of July 2019. Additional notes showed that the team had reset the thermometer and the fridge temperatures were later seen to be in range, but the temperature was out of range for the next recording. The private prescription records were seen to be completed in a book but not all entries included both the date of dispensing and the date of prescribing.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was collected in confidential waste bins and later shredded.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members explained that they were

aware of things to look out for which may suggest that there could be a safeguarding issue. They were happy to refer to the pharmacist if they suspected a safeguarding incident. The team were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team are appropriately trained for their roles. But, team members don't have formal training plans to keep their knowledge and skills up to date. This could affect how well they care for people and the advice they give. Team members work in a supportive environment where they feel able to raise concerns if needed. They feel able to use their own professional judgement.

Inspector's evidence

During the inspection, there was one locum pharmacist and one medicines counter assistant which meant the pharmacist was checking her own work. The pharmacist explained that the pharmacy did not have a regular permanent pharmacist and so they were using locums who would be block booked. The pharmacist also explained that the dispenser was normally in, but she was off sick on the day of the inspection. The staff were seen to be working well together and supporting one another.

The team did not have a formal ongoing training programme, but the team members explained that they would often be updated on any professional changes such as CD changes or POM to P switches by the head office team or by their pharmacist. The team also explained that they would regularly receive pharmacy journals and magazines in the post which they read during their breaks. The area manager explained that the team have access to the MediaPharm training platform and they have a new training module to complete monthly.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the pharmacist explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally suitable for the provision of its services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, MDS/office/staff area and a staff bathroom. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. The products for sale around the pharmacy counter were healthcare related and relevant to pharmacy services.

The pharmacy was professional in appearance and clean. The team explained that they would clean the pharmacy between themselves daily and there was a cleaning rota on display in the dispensary. The ambient temperature was suitable for the storage of medicines. Lighting throughout the store was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner.

The dispensary was suitably screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, a computer with the PMR system and storage.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's services are accessible to people with different needs. The team members usually provide the pharmacy services safely. But they do not always record relevant safety checks when people receive higher-risk medicines. This makes it difficult for them to show that they provide the appropriate advice when they supply these medicines. The pharmacy does not ensure that medicines which need to be kept in the fridge are always stored at the appropriate temperatures. This means that it cannot be sure that those medicines are safe for people to take.

Inspector's evidence

There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area. There was step-free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside, but the team only provided patient information leaflets when patients started on the packs, with new medicines and if they were requested. The pharmacist explained that the team were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates. The pharmacist explained that she would ask patients who were on warfarin if they were having regular blood tests and whether they were aware of the dose they should be taking, but this information would not be recorded on the PMR routinely. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription. The pharmacist explained that while she worked on her own, she would label and dispense the prescriptions, leave them to one side and then go back to them later to check them.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD) but they had the appropriate scanners in place. The pharmacy obtained medicinal stock from Pillbox warehouse, AAH, Alliance, Phoenix and Sigma. Invoices were seen to verify this. Date checking was carried out every 3 months and the team highlighted items due to expire with coloured stickers.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a separate bin for the disposal of hazardous waste. Although the team had a fridge in the pharmacy, the fridge temperatures were regularly out of range. The CD cabinet was appropriate for use and secured well to the wall of the dispensary. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and the pharmacist explained they were actioned appropriately. However, on checking the file of recall notices and alert, the most current ones from the MHRA were not seen to be present.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml and 50ml measures. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks in the consultation room. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service.

The computers were all password protected and conversations going on inside the consultation room could not be overheard.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.